_	Under the Pap	erwark Reduct	on Act of 199	BES	T AVA	۱L	ABLE		DV Her uso	hrough 7/31/2006 DEPARTMENT	710/SB/05 (68-0: 5. CMB 0651-003 OF COMMERCI
	F	ATENT A		ION FEE D	FIERMINA	TION	RECORD	เกโจเศาสโสตก ข		solays a fraid OM	
		CLAII	AS AS FILL	ED – PART )	(Column 2)		SMAL	LENTITY	<u>. 1                                   </u>	OTH	ER TINN
-	FOR UASIC FEE		NUMBER FILED		WINNER EXILLY		RATE FEE		7		LL ENTITY
10	(37 CFR 1 15(2)) TOTAL CLAMS		26					,	7 c::	RATE	1.
() (i)	(37 CFR 1.16(c))		trinux 20 =		. 6		x 5•	1	Uik		<del>                                      </del>
10	(37 CFR 1.16(b)) minus 3 = 1						× \$ =		OR	x s =	1
411	N IRSTE OERCI	SENI CLAIM	(37 CFR 1.16)	<b>এ</b> য়		+ 5		OR	+1 ;	<del>                                     </del>	
٠."	If the difference in column 1 is less than zero, enter "0" in column 2.						TOTAL		OR	TOTAL	<del> </del>
l		CLAIMS A	S AMENDE	D-PARTA	Vhix.	/	ר		-		L
1	2380	/ (Cotumn	191 (cilium	(Column 3		-22.84		OR	OTHE	R THAN	
Æ		CLAIN REMAIN		HIGHES	7 ]	ור		ENTITY	٦ . ٦	SMALI	ENTITY
MENT	<u> </u>	AFTE		PREVIOUS	LY EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI-
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<b>⋖</b>	FRISTPRESE	NTATION OF ME	LTPLE DEPEN	DENT CLAIM (	CFR 1.19(a))	71	+ 6 -		OR OR	<del></del>	<del></del>
٠,		,				TOTAL ADD'L FEE	1	OR	TOTAL		
	1-220	1-1.000.		(Column	2) (Column 3)			<u> </u>	) <sub>:</sub> OK	ADD'L FEE	<u> </u>
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<u>ن</u> 1	25-0	CLAMS		(Column 2)	(Column 3)	· <u>·</u>					
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ス	70	THE PERSON NAMED IN	WILL DEPENDE	TEN MINLO THE	SR 1. (6(a))	پا	S_ =	/	OR	+ 5	
• •	* If the entry in column 1 is less than the entry in column 2 and 1 and							/	OR	TOTAL AUD'L FEE	

ADD'L FEE OR ADD'L

If you need assistance in complaining the form, cell 1-800-PTO-9199 and select option 2.